



Office of the State Superintendent of Education
DC Free Summer Meals Program

**SPONSOR MONITORING FORM
FIRST-WEEK VISIT and SITE REVIEW**

SITE NAME and ADDRESS	Ward #

REVIEW: must be completed at least once during the first four weeks of FSMP operations and must include the observation of a meal service. Sponsor must complete review even if the FSMP will operate for less than four weeks.

Date:	Arrival Time:	Departure Time:
Today's Attendance:	Average Daily Attendance:	
Meal Service Observed: _____ Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper		
Number of Meals Served to: Program Staff: _____ Non-Program Staff: _____		
VENDED SPONSORS ONLY: Number of Meals Delivered: _____		

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RACIAL/ETHNIC DATA: complete during review.

Racial Identities:

American Indian/Alaskan Native: _____

Asian: _____

Black/African American: _____

Native Hawaiian/Pacific Islander: _____

White: _____

Other: _____

Ethnic Identities:

Hispanic: _____ Non Hispanic or Latino: _____

Total Attendance:

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EVALUATION OF SITE	Yes	No
a. Are daily attendance records kept?		
b. Are point of service meal counts taken at the time the meal is served?		
c. Are point of service meal counts taken for all second meals served?		
d. Are meals served within the approved time frame?		
e. Are all meals served as a unit?		
f. Are all meals consumed on site?		
g. Do the meals meet the FSMP meal pattern requirements?		
h. Are proper food handling procedures practiced?		

Date _____

	Yes	No
i. Is the number of meals prepared/delivered appropriate for attendance? If there is a significant difference, it must be reported to the Sponsor.		
k. If applicable, are receipts/invoices signed and filed? <input type="checkbox"/> N/A		
l. Are activities planned for the children?		
m. For enrolled sites ONLY: Is the documentation of eligibility on file?		
n. For camps ONLY: Is the enrollment or session's roster maintained?		

Based on this review, is the site's FSMPP operation in compliance with regulations? If No, indicate corrective action below		
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Name and Signature of Site Supervisor

Date _____

Name and Signature of Monitor

Date